



CITY OF CATHEDRAL CITY  
(760) 770-0374  
Fax - (760) 202-1460  
68-700 Avenida Lalo Guerrero  
Cathedral City, CA 92234-7031

(Staff Use Only)

Case No.:

Related Files:

## SPECIAL USE PERMIT FOR TOWN SQUARE

It is advisable to submit applications for review 60 days prior to commencement of the use or event to ensure adequate review of the application. If you have any questions while completing this application, please ask a member of the Planning Department for assistance. In addition to this application, you must reserve a date for your event with the Planning Department. For recurring events, a schedule must be submitted every 3 months. In order for the City to process a Special Use Permit Application, the application fee must be submitted with the completed application. Depending on the type of event, you may be required to provide a Clean-up/Damage Deposit. Incomplete applications will not be accepted (or process may be delayed). Per the City Council, Carnivals or Circuses are not allowed in the Town Square. All applicants for events in the Town Square must be Non-Profit Groups subject to Sections 501 (c) (3), 501 (c) (4), 501 (c) (5), 501 (c) (6), 501 (c) (7), 501 (c) (8), 501 (c) (10), AND 501 (c) (19) of the Internal Revenue Code. **(PLEASE PRINT OR TYPE)**

### CHECK TYPE OF USE OR EVENT

- |   |  |
|---|--|
| <input type="checkbox"/> Festival             | <input type="checkbox"/> Concert             |
| <input type="checkbox"/> Parade/Race/Marathon | <input type="checkbox"/> Other Special Event |

### DESCRIPTION OF USE OR EVENT

Location: \_\_\_\_\_

Date(s) of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_ through: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start of Set Up \_\_\_\_:\_\_\_\_am/pm Tear Down \_\_\_\_:\_\_\_\_am/pm

Hours of Event: Start: \_\_\_\_:\_\_\_\_ am/pm through \_\_\_\_:\_\_\_\_ am/pm

Anticipated attendees: ☐ 1-100 ☐ 100-500 ☐ 500-1,000 ☐ 1,000-4,000 ☐ over 4,000

Will food be prepared or served: ☐ Yes ☐ No

Will alcohol be served: ☐ Yes ☐ No

Will there be live entertainment: ☐ Yes ☐ No

Will there be searchlights: ☐ Yes\* ☐ No

\*Searchlights need FAA approval and completion of their application. (See staff for FAA application).

If yes, provide a description of the live entertainment.

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For the following, please use an attached sheet of paper to complete the responses (if necessary).

Will there be loud speakers or amplification: ☐ Yes ☐ No

Will streets or driveways be temporarily closed: ☐ Yes ☐ No (If yes, provide details on attached Site Plan)

What kinds of temporary structures will be used and how will they be fastened to the ground?

Will the event require Police, Fire, or Public Works Department assistance? ☐ Yes ☐ No

Will there be private security? ☐ Yes ☐ No

The billable rate for police officers is \$65 an hour and will be billed to the applicant.

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### SUBMITTAL REQUIREMENTS:

- ☐ Application Fee: \$510.
- ☐ Non-Profit License.
- ☐ Clean-Up/Damage Deposit of \$600 may be required.
- ☐ 4 copies of Site Plan using form provided by staff (attached)
  - ☐ Please show location of the event, including buildings, temporary improvements, portable restrooms, vendor locations, parking areas and driveways.
  - ☐ Show any street closures on the attached Site Plan.
  - ☐ Show the location of any lighting, generators, and/or restrooms on the attached Site Plan.
  - ☐ Show location of refuse containers and dumpsters on the attached Site Plan.
- ☐ If event is on City property or public right-of-way, provide insurance policy or policies naming the, its officers, agents and employees as additional insured, issued by a company satisfactory to the City Attorney, and in an amount determined to be adequate for the risks involved in the activity, as determined by the Community Development Director.
- ☐ Proof of Insurance for \$1,000,000 for Liability.
- ☐ Provision of Health Permits, ABC License, Building Permits and/or Resale Permits. All Riverside County Health Department requirements must be satisfied.
- ☐ Provision of any other Permits required by City, State, or Federal Governments.
- ☐ Food is prohibited from being served on the steps of City Hall.
- ☐ Signage Plan for street closures and directions to the event.
- ☐ Any event that has more than 3 occurrences needs approval from the City Council
- ☐ A quarterly schedule needs to be approved by the City for recurring events. This includes dates, times, and entertainers.

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### ADDITIONAL INFORMATION

(Provide any necessary general information regarding event or any special needs for the event. Attach additional sheets if necessary.)

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### APPLICANT

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**EMERGENCY CONTACT**

(Contact person should there be an emergency during the event)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**I/we certify (or declare under penalty of perjury under the laws of the State of California) that the foregoing is true and correct.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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**DETERMINATION OF APPLICATION (Staff Use Only)**

ACTION TAKEN:    ☐ APPROVED    ☐ DENIED

If approved, see attach Conditions of Approval.

If denied, provide reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Date/Time Received:	Received By:	Amount Received:	Receipt No(s):
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